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Bib Data Sheet

CONFIRMATION NO. 4140

<b>SERIAL NUMBER</b> 10/099,634	<b>FILING OR 371(c) DATE</b> 03/15/2002 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3779	<b>ATTORNEY DOCKET NO.</b> H-PM-00020 (1800-20)
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**APPLICANTS**

Michael P. Whitman, New Hope, PA;  
 John E. Burbank, Ridgefield, CT;  
 David A. Zeichner, Oxford, CT;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/887,789 06/22/2001 PAT 7,032,798  
 which is a CIP of 09/836,781 04/17/2001 PAT 6,981,941  
 which is a CIP of 09/723,715 11/28/2000 PAT 6,793,652  
 which is a CIP of 09/324,451 06/02/1999 PAT 6,315,184  
 and is a CIP of 09/324,452 06/02/1999 PAT 6,443,973  
 and is a CIP of 09/351,534 07/12/1999 PAT 6,264,087  
 and is a CIP of 09/510,923 02/22/2000 PAT 6,517,565  
 which is a CIP of 09/324,452 06/02/1999 PAT 6,443,973  
 and is a CIP of 09/510,927 02/22/2000 PAT 6,716,233  
 which is a CIP of 09/324,452 06/02/1999 PAT 6,443,973  
 and is a CIP of 09/510,932 02/22/2000 PAT 6,491,201

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

04/08/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 59	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

50855

**TITLE**

A MOISTURE-DETECTING SHAFT FOR USE WITH AN ELECTRO-MECHANICAL SURGICAL DEVICE

<b>FILING FEE RECEIVED</b> 1215	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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